



June 27, 2019

Gerd Clabaugh, Interim Director
Department of Human Services
Hoover State Office Building, 5th Floor
1305 E. Walnut Street
Des Moines, IA 50319

Pastor Mark Anderson, Chair
Council on Human Services

Re: Public comments on Iowa Department of Human Services SFY 2021 Budget Recommendations.

Interim Director Clabaugh, Pastor Anderson, and Council members,

On behalf of the Nurse-Family Partnership® (NFP) program serving low-income young women who are pregnant with their first child, I appreciate the opportunity to provide input on the Department's budget recommendations for SFY 2021.

NFP is an evidence-based community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Each mother served by NFP is partnered with a registered nurse to receive home visits from pregnancy through the baby's second birthday. The program is currently implemented in Clinton, Scott, Jackson, Polk, and Pottawattamie counties and has served more than 1,000 families since 2010. Goals of the program include improvement in pregnancy outcomes, child health and development, and economic self-sufficiency of the family.

More than 40 years of evidence has shown significant improvements in the health and lives of first-time moms and their children living in poverty and ensures the program's continuous improvement and relevance to today's societal issues and ever more diverse populations. We strongly encourage the Department to invest its limited taxpayer dollars in evidence-based programs that reliably improve outcomes for families and where those resources can have the greatest positive impact on communities. The NFP National Service Office would like to see the following included in the SFY 2021 budget.

Family First Prevention Services Act

The Family First Prevention Services Act (FFPSA) is a groundbreaking opportunity for states to reform their child welfare systems by investing federal Title IV-E dollars into evidence-based prevention programs like NFP. In March 2016, the federal Commission to Eliminate Child Abuse and Neglect Fatalities released a national strategy to protect children and improve child welfare. One recommendation was that changes were needed in financing, and FFPSA is a direct result of that finding. In that same report, NFP was recommended as the only home visiting program with robust outcomes in preventing abuse and neglect related fatalities. In November 2018, NFP was included in a short-list of programs that have been prioritized for review by the Administration for Children and

Families (ACF) for FFPSA Clearinghouse. In June 2019, the FFPSA Prevention Programs clearinghouse was released, and NFP received a rating of well-supported, the highest rating possible.

Recommendations:

1. Include NFP in state plans, and given NFP's early intervention with high-risk mothers, consider NFP as a first-line strategy for reaching and targeting families that are eligible for FFPSA-related dollars.
2. Invest more state dollars in prevention programs, such as NFP, to maximize the 50% reimbursement beginning October 1, 2019 through October 1, 2026. Effective 2019, states that have a plan in place may start claiming Title IV-E match for programs that prevent children from entering foster care. Any new investments to prevent foster care entry made after FY 2014 will be eligible for the federal match. Investing now means the state will be ready to start federal claiming as soon as Iowa's plan is approved. The State will be able to double the coverage at half the cost.

Expand Utilization of TANF Dollars for Two Generation Strategy

As the state continues implementation of the Future Ready Iowa Initiative, NFP welcomes the opportunity to collaborate with current workforce initiatives such as the Family Development and Self Sufficiency (FaDSS) program and PROMISE Jobs to develop a holistic approach in addressing the needs of the family. Traditionally, programs tend to arrange parent-oriented and child-oriented programs into separate silos, but at NFP both the mother and the child are the clients. By working to meet the needs of vulnerable mothers and their children together, NFP produces several outcomes observed among participants in one or more of the randomized controlled trials that help families break the cycles of intergenerational poverty including:

- 32% fewer subsequent pregnancies
- 82% increase in months employed
- 20% reduction in months on welfare
- 61% fewer arrests of the mother
- 72% fewer convictions of the mother
- 46% increase in father presence in the household by child age 4

Recommendation:

1. Implement a FaDSS/NFP pilot utilizing TANF dollars where enrolled NFP families are connected with FaDSS and/or PROMISE Jobs. The nurse home visitor could introduce and connect the programs to the family as they begin to discuss goals related to returning to work or school. A warm hand-off would occur with continued support from the nurse home visitor until graduation from NFP at which point mom would transition solely to FaDSS/PROMISE Jobs. This pilot could be integrated in a targeted area with high poverty as well as poor health outcomes so that the most high-risk families are being served.

Medicaid

NFP's strong evidence of effectiveness and predictable cost savings position the program to partner with the state's managed care plans. Some of the specific areas where NFP can improve care for first-time, low-income moms and their babies include:

- Helping clients obtain insurance coverage for mom and baby and access timely prenatal care and well-child services;
- Conducting ongoing health and psychosocial risk assessments and screenings for both mom and baby;
- Coordinating care with other healthcare providers and services, especially for high risk pregnant women, women with co morbidities, and children with complex needs
- Providing anticipatory guidance and preventive services including monitoring weight gain, blood pressure, education and nursing assessment on complications of pregnancy;
- Helping ensure that new mothers receive factual information about the importance of vaccinations, and promoting timely compliance with recommended vaccine schedules;
- Helping women seek prevention health care services to improve interconception care;
- Making appropriate referrals and coordinating care with other services, as needed; and
- Providing timely patient-centered -communication and information exchange with primary care providers.

According to economist Ted Miller, if Medicaid fully funded NFP in Iowa, each level of government would reap Medicaid savings that exceed its share of undiscounted NFP costs when the child was age 6. By the child's 18th birthday, Medicaid would recoup \$2.40 per dollar invested (undiscounted).

Recommendation:

1. NFP urges the Department to include coverage and reimbursement for NFP as part of Managed Care Organization contracts and to adopt policies that support integration of evidence-based home visiting.

Pay for Success

NFP believes we have a responsibility both to families in our program to know whether NFP actually improves maternal life course and child and health development as well as to society to know whether taxpayers' dollars produce returns on investment. Well-designed and implemented randomized controlled trials have shown that NFP produces sizable, sustained benefits to participants and society, as well as return on investment to government.

Pay for Success (PFS) opportunities provide a way to scale the NFP program to serve more vulnerable families. PFS is performance-based contracting where government pays only if key results are achieved. Private financing is used to bridge the timing gap between government payments and the upfront capital needed to run the programs. By recruiting private capital to partner with providers and government, PFS presents a powerful opportunity to bring NFP to more families and help break intergenerational cycles of poverty.

In 2016, NFP launched the nation's first PFS project to improve maternal and child health in South Carolina, extending services statewide to 3,200 Medicaid-eligible first-time moms and their children over a six-year period. NFP has also undertaken PFS feasibility work in multiple states and counties across the U.S. and was a proud supporter of the passage of the Social Impact Partnerships to Pay for Results Act (SIPPRa) in 2018 which established a funding stream and structure for states to advance PFS projects.

Recommendation:

1. Apply for SIPPRRA funding to conduct a feasibility study for NFP and/or evidence-based home visiting in Iowa. Federal funding can cover up to 50% of the total cost of the feasibility study.
2. Allocate state funding to conduct a feasibility study for NFP and/or evidence-based home visiting either utilizing SIPPRRA or funding 100% of the study.

Conclusion

Thank you for the opportunity to provide comments on the Department's SFY 2021 budget recommendations. I am available to work with you, policymakers, and other stakeholders on the comments and ideas presented. Please do not hesitate to contact me with any questions (jordan.wildermuth@nursefamilypartnership.org/224-605-1793).

Sincerely,

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Nurse-Family Partnership National Service Office